COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, WILLIAM L Bound 6-11-12 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below. □ No WILLIAM BOWN BONNEVILLE QUARRIES INC 842 W 400 N WEST BOUNTIFUL UT 84087 3. Service Type ☐ Certified Mail Express Ma ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail C.O.D. 6/7/2012 m0030031 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 3568 3452 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Pald USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

PENNY BERRY STATE OF UTAH DIVISION OF OIL GAS & MINING PO BOX 145801 SALT LAKE CITY UT 84114-45801

RECEIVED

JUN 1 2 2012

U.S. Postal Service ... CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps

| PBQ FTV | 206 | I Angosko & E |
|---|--------|------------------|
| Postage | \$ | Escalation |
| Certified Fee | | |
| Return Receipt Fee (Endomement Required) | | Postmark Here |
| Restricted Delivery Fee (Endomement Required) | | |
| Total Posta | AM BOV | WN |

Sent To BONNEVILLE QUARRIES INC

Street Apr. N 842 W 400 N

or PO Box No WEST BOUNTIFUL UT 84087 City, State, ZI

PS Form 3800, August 2006

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See Reverse for Instructions